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## UTILITY **PATENT APPLICATION TRANSMITTAL**

Davis100 Attorney Docket No.

First Inventor or Application Identifier:

entor or Application Identifier: Jeffrey Davis

METHOD AND APPARATUS FOR CONTROLLING A PUMPING

UNIT

Express Mail Label No.:

EH810362111US

APPLICATION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231		
1.      * Fee Transmittal Form (e.g. PTO/SB/17)     (submit an original and a duplicate for fee processing)  2.      Specification [Total Pages 9]     - Descriptive title of the Invention	5. Microfiche Computer Program (Appendix)  6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Copy		
<ul> <li>Cross References to Related         Applications     </li> <li>Statement Regarding Fed sponsored</li> </ul>	b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies		
R&D	ACCOMPANYING APPLICATION PARTS		
<ul> <li>Reference to Microfiche Appendix</li> <li>Background of the Invention</li> </ul>	7. Assignment Papers (cover sheet & documentation)		
<ul> <li>Brief Description of the Drawings (if filed)</li> </ul>	8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney		
<ul><li>Detailed Description</li><li>Claim(s)</li><li>Abstract of the Disclosure</li></ul>	9. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations		
2. Sometimes (Some State of S	10.  Preliminary Amendment		
4. ☑ Declaration and Power of Attorney [Total Pages 2]	11.  Return Receipt Postcard (MPEP 503) (should be specifically itemized)		
a. Newly executed (original or copy)	12. 🛛 *Small Entity _		
b. Copy from a prior application (37 C.F.R§.63(d) (for continuation/divisional with Box 16 completed)	Statement(s) Statement filed in prior application (PTO/SB?09-12 Status still proper and desired		
i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application,	13. Certified Copy of Priority Document(s) (If foreign priority is claimed)		
see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).	14.  Other:		
15. If a CONTINUING APPLICATION, check appropriate bo amendment:	ex, and supply the requisite information below and in a preliminary		
☐ Continuation ☐ Divisional ☐ Continuation	-in-part (CIP) of prior application No.		
Prior application information: Examiner	Group/Art Unit:		
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
16. CORRESPONDENCE ADDRESS			
Name: Ray G. Wilson			
Address: 233 Rover Blvd.			
City: Los Alamos	State: New Mexico Zip Code 87544		
Country United States	Telephone: (505) 66503112 Fax: (505) 672-1511		
Name (Print/Type): Ray G. Wilson	Registration No. (Attorney/Agent): 28,351		
Signature:	Date: June 12, 1999		





FEE TRANSMITTAL	Complete if Known Application Number:	
For FY 1999	Filing Date:	
Patent fees are subject to annual revision	First Named Inventor: Jeffrey Davis	
Small Entity payments <u>must</u> be supported by a small entity statement,	Examiner Name:	
otherwise large entity fees must be plad. See Forms PTO/SB/09-12 TOTAL AMOUNT OF PAYMENT \$ 380	Group/Art Unit: Attorney Docket No.: Davis100	
	FEE CALCULATION (continued)	_
METHOD OF PAYMENT (check one)		
The commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES	
Deposit Account Number:	Large Entity/Small Entity Fee Fee / Fee Fee Fee Description	
Deposit Account Name:	Code \$ / Code \$ Fee Paid	
☐ Charge Any Additional Fee Required Under	105 130 205 65 Surcharge – late filing fee or oath	
37 C.F.R. 1.16 and 1.17	127 50 227 25 Surcharge – late provisional filing fee	
2. A Payment Enclosed:	147 2,520 147 2,520 For filing a request for reexamination	
☑ Check ☐ Money Order ☐ Other	112 920° 112 920° Requesting publication of SIR prior to Examiner action	
1. BASIC FILING FEE	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
Large Entity Small Entity	115 110 215 55 Extension for reply within first month	
Fee Fee Fee Fee Description	116 380 216 190 Extension for reply within second month	•
Code \$ Code \$ Fee Paid	117 870 217 435 Extension for reply within third month	
101 760 201 380 Utility filing fee 380	118 1,360 218 680 Extension for reply within fourth month	
106 310 206 155 Design filing fee	128 1,850 228 925 Extension for reply within fifth month	
107 480 207 240 Plant filing fee	119 300 219 150 Notice of Appeal	
108 760 208 380 Reissue filing fee	120 300 220 150 Filing a brief in support of an appeal	
114 150 214 75 Provisional filing fee	121 260 221 130 Request for oral hearing	
SUBTOTAL (1) \$ 380	138 1,510 138 1,510 Petition to institute a public use proceeding	
	140 110 240 55 Petition to revive – unavoidable	
2. EXTRA CLAIM FEES	141 1,210 241 605 Petition to revive – unintentional	
Extra ee from	142 1,210 242 605 Utility issue fee (or reissue)	
Claims Below Fee Paid Total Claims 13 –20** = 0 X = 0	143 430 243 215 Design issue fee	
Independent $2-3^{**}=0$ X = 0	144 580 244 290 Plant issue fee	
Claims	122 130 122 130 Petitions to the Commissioner	
Multiple Dependent =	123 50 123 50 Petitions related to provisional applications	
** or number previously paid, if greater; For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt.	
Large Entity Small Entity Fee Fee Fee Fee Description	581 40 581 40 Recording each patent assignment per property (times number of properties)	
Code \$ Code \$ 103    18    203    9    Claims in excess of 20	146 760 246 380 Filing a submission after final rejection (37 CFR 1.129 (a))	
102 78 202 39 Independent claims in excess of 3	149 760 249 380 For each additional invention to be	
104 260 204 130 Multiple dependent claim, if not	examined (37 CFR 1.129(b))	
paid 109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	SUBTOTAL (3) \$	
SUBTOTAL (2) \$	*Reduced by Basic Filing Fee Paid	

	SUBMITTED BY	Complete (if applicable)
Printed Name:	RaynG. Wilson	Reg. Number 28,351
Signature:	Vai Hulson	Deposit Account User ID